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13.d. Rehabilitative services. (continued)

Covered services must be furnished by the following personnel:

- (1) Audiologists meeting the requirements in 42 CFR Part 440.110.
- (2) Occupational therapists certified by the National Board for Certification in Occupational Therapy who maintain state licensure as occupational therapists.
- (3) Physical therapists meeting the requirements in 42 CFR Part 440.110.
- (4) Speech-language pathologists:
  - (a) meeting the requirements in 42 CFR Part 440.110;
  - (b) who hold a masters degree in speech-language pathology; and
  - (c) who are licensed by the state as speech-language pathologists.
- (5) Mental health professionals as defined in item 6.d.A.
- (6) Mental health practitioners practicing under the supervision of mental health professionals who:
  - (a) hold a bachelor's degree in one of the behavioral sciences or related fields from an accredited college or university and have at least 2,000 hours of supervised experience in the delivery of mental health services to children;
  - (b) have at least 6,000 hours of supervised experience in the delivery of mental health services to children;
  - (c) are graduate students in one of the behavioral sciences or related fields and are formally assigned by an accredited college or university to an agency or facility for clinical training; or
  - (d) hold a master's or other graduate degree in one of the behavioral sciences or related fields from an accredited college or university and have less than 4,000 hours post-master's experience in the treatment of emotional disturbance.

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13.d. Rehabilitative services. (continued)

Mental health practitioners cannot provide psychological testing or diagnostic assessments.

- (7) Mental health behavioral aides as defined in item 4.b. page 17p working under the direction of either mental health professionals or mental health practitioners under the clinical supervision of mental health professionals.
- (8) Physicians who have a current Minnesota license as a physician.
- (9) Registered nurses and licensed practical nurses who have a current Minnesota license as registered nurses or practical nurses.

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G.            Payment: (continued)

5.            Persons who are receiving case management services under Supplement 1c to this Attachment are not eligible to receive the case management services described in this supplement for that month.
6.            Persons who are receiving assertive community treatment (ACT) services under item 13.d. to this Attachment are not eligible to receive the case management services described in this supplement for that month, except for the first and last months of ACT services.
7.            The Department may suspend, reduce, or terminate the payment to a case management service provider that does not meet requirements, such as reporting. The county of responsibility, or, if applicable, the tribal agency, is responsible for any federal disallowances, but may share this responsibility with its contracted vendors.

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E. Payment: (continued)

3. Persons receiving case management services under Supplement 1c are not eligible to receive the case management services described in this supplement for that month.
4. Persons who are receiving assertive community treatment (ACT) services under item 13.d. to this Attachment are not eligible to receive the case management services described in this supplement for that month, except for the first and last months of ACT services.

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F. Freedom of choice:

The State assures that the provision of targeted case management services will not restrict a recipient's freedom of choice of provider in violation of section 1902(a)(23) of the Act.

1. An eligible recipient will have free choice of the providers of targeted case management services.
2. An eligible recipient will have free choice of the providers of other medical care under the State plan.

G. Payment:

Payment for targeted case management services paid on a monthly basis under the State plan does not duplicate payment made to public agencies or private entities under other program authorities for this same purpose.

1. Medicaid services that are otherwise eligible for payment on a separate schedule under rules of the Department are not eligible for payment as case management services.
2. Persons receiving mental health targeted case management services under Supplement 1 are not eligible to receive the targeted case management services described in this supplement for that month.
3. Persons receiving relocation service coordination services under Supplement 1b are not eligible to receive the case management services described in this supplement for that month.
4. Persons who are receiving assertive community treatment (ACT) services under item 13.d. to this Attachment are not eligible to receive the case management services described in this supplement for that month, except for the first and last months of ACT services.

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13.d. Rehabilitative services.

Rehabilitative services are paid using the same methodology in item 5.a., Physicians' services, except as listed below.

- **Physical therapy assistants** are paid using the same methodology as item 11.a., Physical therapy.
- **Occupational therapy assistants** are paid using the same methodology as item 11.b., Occupational therapy.
- Effective for **mental health services** provided on or after July 1, 2001, payment is the lower of the submitted charge or 75.6% of the 50th percentile of 1999 charges.

This rate includes mental health services provided by community mental health centers. For partial hospitalization services provided by community mental health centers, the hourly rate is based on outpatient hospital charges for partial hospitalization.

- **Basic living and social skills** provided as part of mental health community support services are paid:
  - for mental health professionals or mental health practitioners, the lower of the submitted charge or \$12.51 (effective February 18, 2004) per 15 minute unit (effective January 1, 2004);
  - for mental health rehabilitation workers, the lower of the submitted charge or \$9.38 (effective February 18, 2004) per 15 minute unit (effective January 1, 2004); or
  - in a group setting, regardless of the provider, the lower of the submitted charge or \$5.50 per 15 minute unit. For the purposes of mental health community support services, "group" is defined as two to 10 recipients.

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13.d. Rehabilitative services. (continued)

- **Consultation with significant people** provided as part of mental health community support services are paid:
  - for mental health professionals or mental health practitioners, the lower of the submitted charge or \$12.51 (effective February 18, 2004) per 15 minute unit;
  - for mental health rehabilitation workers, the lower of the submitted charge or \$9.38 (effective February 18, 2004) per 15 minute unit; or
  - in a group setting, the lower of the submitted charge or \$5.50 per 15 minute unit.
- **Medication education** provided as part of mental health community support services are paid:
  - the lower of the submitted charge or \$10.00 per 15 minute unit; or
  - in a group setting, the lower of the submitted charge or \$6.50 per 15 minute unit.
- **Crisis assessment** provided as part of mental health crisis response services are paid:
  - for doctoral prepared mental health professionals, the lower of the submitted charge or \$32.50 per 15 minute unit;
  - for master's prepared mental health professionals, the lower of the submitted charge or \$26.00 per 15 minute unit; or
  - for mental health practitioners supervised by mental health professionals, the lower of the submitted charge or \$22.58 (effective February 18, 2004) per 15 minute unit
- **Crisis intervention** provided as part of mental health crisis response services are paid:
  - for doctoral prepared mental health professionals, the lower of the submitted charge or \$23.75 per 15 minute unit;

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13.d. Rehabilitative services. (continued)

- for master's prepared mental health professionals, the lower of the submitted charge or \$19.00 per 15 minute unit; or
- for mental health practitioners supervised by mental health professionals, the lower of the submitted charge or \$16.49 (effective February 18, 2004) per 15 minute unit (effective January 1, 2004).
- **Crisis stabilization** provided as part of mental health crisis response services are paid:
  - for mental health professionals or mental health practitioners, the lower of the submitted charge or \$54.21 (effective February 18, 2004) per 60 minute unit (effective January 1, 2004);
  - for mental health rehabilitation workers, the lower of the submitted charge or \$40.64 (effective February 18, 2004) per 60 minute unit (effective January 1, 2004);
  - in a group setting (which does not include short-term services provided in a supervised, licensed residential setting that is not an IMD), regardless of the provider, the lower of the submitted charge or \$11.00 per 30minute unit. For the purposes of mental health crisis response services, "group" is defined as two to 10 recipients; or
  - in a supervised, licensed residential setting that is not an IMD that provides short-term services but does not provide intensive residential rehabilitative mental health services, combining individual and group modalities and the individual provider's qualifications, and including consultation with significant people, the lower of the submitted charge or \$262.00 per day; or
  - in a supervised, licensed residential setting that is not an IMD that provides short-term services, including intensive residential rehabilitative mental health services, combining individual and group modalities and the individual provider's qualifications, and including consultation with significant people, the rate is the rate for residential rehabilitative services on page 45c.



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13.d. Rehabilitative services. (continued)

- When not provided in a supervised, licensed residential setting that is not an IMD that provides short-term services, **consultation with significant people** provided as part of mental health crisis response services are paid:
  - for mental health professionals or mental health practitioners, the lower of the submitted charge or \$12.51 (effective February 18, 2004) per 15 minute unit;
  - for mental health rehabilitation workers, the lower of the submitted charge or \$9.38 (effective February 18, 2004) per 15 minute unit; or
  - in a group setting, the lower of the submitted charge or \$5.50 per 15 minute unit.
- Assertive community treatment (ACT) services and residential rehabilitative services provided by entities with host county contracts are paid a per diem, per provider, county negotiated rate inclusive of all ACT or residential rehabilitative services, staff travel time to provide ACT or residential rehabilitative services, and crisis stabilization services provided as a component of mental health crisis response services. To determine the rate, each host county must consider and document the:
  1. cost for similar services in the local trade area;
  2. actual costs incurred by entities providing the services;
  3. intensity and frequency of services to be provided to each recipient;
  4. degree to which recipients will receive services other than ACT or residential rehabilitative services;
  5. costs of other services that will be paid separately; and
  6. input from county or regional mental health planning initiatives regarding recipients' service needs.
- Assertive community treatment (ACT) services and residential rehabilitative services provided by county entities and entities furnishing specialized ACT or residential rehabilitative services to a subpopulation of recipients are paid a per diem rate negotiated between the Department and a county or between the Department and the provider of services to a subpopulation, based on the Department's consideration of the six factors, above.

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13.d. Rehabilitative services. (continued)

- Assertive community treatment (ACT) services and residential rehabilitative services provided by IHS/638 facilities are paid according to the encounter rate specified on page 1 of this Attachment.

ACT services include case management services. Therefore, ACT services providers do not receive payment for the following case management services in the same month ACT services are provided, except for the first and last months of ACT services:

1. mental health targeted case management services under item 19. a.
  2. relocation service coordination services under item 19.c.
  3. case management services for persons not on a §1915(c) waiver who are vulnerable adults or adults with MR/RC under item 19.d.
- Effective January 1, 2002, provider travel time is covered if a recipient's individual treatment plan requires the provision of mental health services outside of the provider's normal place of business. This does not include travel time included in other billable services.
  - Payment for **outpatient chemical abuse programs services** is pursuant to county-negotiated rates.
  - Payment for **EPSDT rehabilitative services identified in IFSPs/IEPs** under the Individuals with Disabilities Education Act (IDEA) and provided by school districts to children with IFSPs/IEPs during the school day is pursuant to a cost-based, per child encounter rate. Each school district has separate per encounter rates for the EPSDT rehabilitative services listed in Attachments 3.1-A/B, item 13.d and for personal care assistant services in Attachments 3.1-A/B, item 4.b. Payment is made when there is an encounter by a Medical Assistance child for the service category. No more than one payment in each service category can be made per child, per day, by a school district.

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13.d. Rehabilitative services. (continued)

**INTERIM RATE METHODOLOGY EFFECTIVE OCTOBER 1, 2003**

School districts are paid cost-based, interim, per child encounter rates using data collected for the prior two State fiscal years.

*Interim Rate Formula:* The interim rate formula is the same as the final rate formula effective October 1, 2003. At the start of the State fiscal year on July 1, the rate will be reviewed and updated annually, using the most current available data.

**FINAL RATE METHODOLOGY EFFECTIVE OCTOBER 1, 2003**

The Department will settle-up with school districts using actual data reported by school districts for the State fiscal year.

*Final Rate Formula:*

1. salaries and fringe benefits ÷ total employment hours
2. item 1 x direct medical assistance direct service hours
3. item 2 ÷ medical assistance encounters
4. item 3 x the cognizant agency's unrestricted indirect cost percentage for the school district
5. final rate = item 3 + item 4